## Issue Classification | 10582429

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| Application/Control No. |  |
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Examiner

YUN ET AL.

Applicant(s)/Patent Under Reexamination

Art Unit

NHON DIEP 2486

| ORIGINAL           |       |            |          |           |     |   | INTERNATIONAL CLASSIFICATION |                      |                      |                     |   |             |  |   |  |  |
|--------------------|-------|------------|----------|-----------|-----|---|------------------------------|----------------------|----------------------|---------------------|---|-------------|--|---|--|--|
|                    | CLASS |            | SUBCLASS |           |     |   |                              |                      | С                    | LAIMED              |   | NON-CLAIMED |  |   |  |  |
| 375                |       |            |          | 240.01    |     |   | 0                            | 4                    | N                    | 7 / 12 (2006 01 01) |   |             |  |   |  |  |
| CROSS REFERENCE(S) |       |            |          | н         | 0   | 4 | N                            | 11 / 02 (2006 01 01) |                      |                     |   |             |  |   |  |  |
| CHOSS REFERENCE(S) |       |            |          |           | н   | 0 | 4                            | N                    | 11 / 04 (2006 01 01) |                     |   |             |  |   |  |  |
| CLASS              | SUB   | CLASS (ONE | SUBCLAS  | S PER BLO | СК) | π | 0                            | 4                    | В                    | 1 / 66 (2006.01.01) |   |             |  |   |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |
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|                    |       |            |          |           |     | ш |                              |                      |                      |                     |   |             |  |   |  |  |
|                    |       |            |          |           |     | ╙ |                              |                      |                      |                     |   |             |  |   |  |  |
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|                    |       |            |          |           |     | ╙ |                              |                      | _                    |                     | _ |             |  |   |  |  |
|                    |       |            |          |           |     | ⊢ |                              |                      |                      |                     | _ |             |  | ш |  |  |
|                    |       |            |          |           |     | ⊢ | Н                            |                      |                      |                     | - |             |  | Н |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |
|                    |       |            |          |           |     |   |                              |                      |                      |                     |   |             |  |   |  |  |

|       | Claims renumbered in the same order as presented by applicant |       |          |       |          |       |          | CF    | PA [     | ] T.D. | [        | ☐ R.1. | 47       |       |          |
|-------|---------------------------------------------------------------|-------|----------|-------|----------|-------|----------|-------|----------|--------|----------|--------|----------|-------|----------|
| Final | Original                                                      | Final | Original | Final | Original | Final | Original | Final | Original | Final  | Original | Final  | Original | Final | Original |
| 1     | 1                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| 2     | 2                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| -     | 3                                                             |       | 1        |       |          |       |          |       |          |        |          |        |          |       |          |
| 3     | 4                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| 4     | 5                                                             |       | 1        |       |          |       |          |       |          |        |          |        |          |       |          |
| - 5   | 6                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| -     | 7                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
|       | 8                                                             |       | 1        |       |          |       |          |       |          |        |          |        |          |       |          |
|       | 9                                                             |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| -     | 10                                                            |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
|       | 11                                                            |       | 1        |       |          |       |          |       |          |        |          |        |          |       |          |
|       | 12                                                            |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
| -     | 13                                                            |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
|       |                                                               |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
|       |                                                               |       |          |       |          |       |          |       |          |        |          |        |          |       |          |
|       |                                                               |       |          |       |          |       |          |       |          |        |          |        |          |       |          |

| NONE                                          | Total Claims Allowed: |                     |                   |  |  |  |
|-----------------------------------------------|-----------------------|---------------------|-------------------|--|--|--|
| (Assistant Examiner)                          | (Date)                | 5                   |                   |  |  |  |
| /NHON DIEP/<br>Primary Examiner.Art Unit 2486 | 06/06/2011            | O.G. Print Claim(s) | O.G. Print Figure |  |  |  |
| (Primary Examiner)                            | (Date)                | 1                   | 6                 |  |  |  |